

RECEIVED
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U.S. DISTRICT COURT
MAY 10 2018
10:00 AM
18 CV 7202

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

MATTHEW MEISEL

18CV7202

Write the full name of each plaintiff.

CV
(Include case number if one has been assigned)

-against-

WEST CHESTER COUNTY; WEST CHESTER
MEDICAL CENTER; CORRECT CARE SOLUTIONS
d.b.a. i.C.C.S; DR. RAUL ULLOA, DR. JOON PARK,
John and Jane DOE(s) 1 - 50,
inclusive, all in both their official
and individual capacities, ALL
UNKNOWN ENTITIES, INSURERS,
BONDING, Jointly and Severally,
defendants.

COMPLAINT
(Prisoner)

Do you want a jury trial?
 Yes No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights U.S.C.A. Const. Amend(s) 1, 5, 8, 9 & 14.

Other: Failure to properly hire, train and supervise, negligence, medical malpractice

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Matthew

First Name

Meisel

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

22190

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Westchester County Jail

Current Place of Detention

90 P.O. Box 10 / 10 Woods Road

Institutional Address

Valhalla

County, City

New York

State

10595

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

<u>WESTCHESTER COUNTY</u>		
First Name	Last Name	Shield #
<u>corporation (PERSON)</u>		
Current Job Title (or other identifying information)		
<u>148 Martine Drive</u>		
Current Work Address		
<u>White Plains, New York 10601</u>		
County, City	State	Zip Code

Defendant 2:

<u>CORRECT CARE SOLUTIONS, d.b.a. CCS</u>		
First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
<u>P.O. Box 10/10 Woods Road</u>		
Current Work Address		
<u>Valhalla New York 10595</u>		
County, City	State	Zip Code

Defendant 3:

<u>RAUL ULLOA</u>		
First Name	Last Name	Shield #
<u>Medical Doctor (Person) for CCS</u>		
Current Job Title (or other identifying information)		
<u>P.O. Box 10/10 Woods Road</u>		
Current Work Address		
<u>Valhalla, New York 10595</u>		
County, City	State	Zip Code

Defendant 4:

<u>JOON PARK</u>		
First Name	Last Name	Shield #
<u>Medical Doctor (Person) for CCS</u>		
Current Job Title (or other identifying information)		
<u>P.O. Box 10/10 Woods Road</u>		
Current Work Address		
<u>Valhalla New York 10595</u>		
County, City	State	Zip Code

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 5. WESTCHESTER MEDICAL CENTER
 First Name _____ Last Name _____ Shield # _____

Current Job Title (or other identifying information)

Current Work Address

Valhalla New York 10595
 County, City State Zip Code

Defendant 6. John and Jane DOE(S) 1-50
 First Name _____ Last Name _____ Shield # _____

CORPORATION(S) and/or PERSONS

Current Job Title (or other identifying information)

P.O. Box 10/10 Woods Road
 Current Work Address

Valhalla New York 10595
 County, City State Zip Code

Defendant 7. ALL UNKNOWN ENTITIES
 First Name _____ Last Name _____ Shield # _____

Corporations and Persons

Current Job Title (or other identifying information)

P.O. Box 10/10 Woods Road
 Current Work Address

Valhalla, New York 10595
 County, City State Zip Code

Defendant 8. _____
 First Name _____ Last Name _____ Shield # _____

Current Job Title (or other identifying information)

Current Work Address

County, City _____ State _____ Zip Code _____

V. STATEMENT OF CLAIM

Place(s) of occurrence: Westchester County Jail, Valhalla

Date(s) of occurrence: Aug. 23-31, 2015; Feb. 23-April 11, 2016; May 6, '17-Sept. 27, '17;

FACTS: and, May 17, 2018 until the present day.

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I was born with RLS (Resting Leg Syndrome) which causes more and more pain as I get older; it very extreme pain.

I have been incarcerated in Westchester County Jail over the past four (4) years off and on. CCS medical personnel have been very indifferent to my RLS pain - never giving me the same prescription meds as are prescribed for my condition on the outside. I have wrote endless medical request to CCS (Correct Care Solutions) and have sent numerous grievances, but to no avail. Only in return I get lies, major falsehoods, denial, ignored, more pain and endless tall tales, not the meds I need or even reasonable medical care. Westchester County Jail officers tell me I am never going to win a lawsuit against CCS and I just have to suffer. I can not bear this pain and am forced to go through a living hell as Westchester County and Correct Care Solutions are too cheap to provide the proper meds. I consequently have major sleeplessness, fraught with pain and misery. The pain and suffering is unto itself torture, sheer pain and misery. My medical file is riddled with requests for the proper medications, Westchester County's agents, CCS's agents,

all have been given names of my medical doctors under the law of agent and principal and they are in my medical file, yet to date I am told by C.S.S. and Westchester County personnel that they can not reach my doctors or pharmacies I use. This due to their deliberate indifference to my pain and suffering. It's easier to do what they do in answer to my medical requests and grievances, lie and act in concert to promote falsehoods, fraud and somehow turn the blame on me. Under U.S.C.A. Const. Amend 8, I am wholly dependant on Westchester County and it's medical contractors C.C.S. for my medical care. Why then have they not preformed lawfully, why the pain, suffering and sleeplessness, misery, without my proper medications. I am further damaged healthwise and fear for my life as in June of 2017 I was given a serious staph infection called MRSA. This is something permanent, it never leaves you, can go to your brain and you kill me. My life is now fraught with pain, suffering and fear of dying, though at times their killing me seems it would bless me as the pain would then end.

The U.S. D.O.J. did a two (2) year investigation of the Westchester County Jail. This agency published this as the "CRIPA" report on November 14, 2009. I hereby incorporate that report and my medical records from C.C.S. and Westchester County into this Complaint by reference. Since the failed medical treatment of MRSA and/or Staph infections to the inadequate grievance procedure named specifically in the CRIPA report, Westchester County and C.C.S. have done nothing to remedy such problems, their corruption, nor violation of inmates, including myself's constitutional, civil, unalienable and natural rights.

Upon getting the staph/MERSA, I had 104.7 °F. temperature and was taken to Westchester Medical Center and treated on 6-1-2017, but it was a serious problem that still plagues me to the present day, as does the pain and suffering from R.L.S. when I do not have the proper medication when at W.C.J. from the deliberate indifference and reckless disregard of CCS medical personnel, Joen Park, Raul Ulloa, et.al.

The MERSA is not only life threatening and can go to my brain and literally kill me, shortening my life span costing me millions of dollars, my life, or even worse. I now have constant pain, suffering, fear for my life, sleeplessness, loss of enjoyment of life and Westchester County and CCS are deliberately indifferent using reckless disregard to my medical needs, creating torture to the level of cruel and unusual punishment. This is both willful and wanton as if by design. I have my medical records and will print copies for the court and jury before trial. I have a list of witnesses going together and will be hiring counsel and investigators as well as expert witnesses for trial. The grievance program is wholly inadequate here in Westchester County Jail. Nothing has been corrected at W.J.C., which was found to be at fault under civil and constitutional rights in the civil rights division of the U.S.D.O.J.'s C.R.I.P.A. report. Westchester County Jail's medical was extremely denounced in the report as to MERSA, and still remains to be a dangerous life threatening and scarring disease the defendant(s) are deliberately indifferent to. They are also deliberately indifferent to my R.L.S. pain & suffering.

My mother called CCS worried about my medications and a CCS employee told her "go to hell" and hung up. Self-evident failure to properly hire, train and supervise,

MOTION FOR SUMMARY JUDGMENT:

Plaintiff executes this instrument, infra, under 28 U.S.C. § 1746(d). Plaintiff moves for summary judgment. The foregoing and following material facts are not in dispute and Plaintiff is entitled to judgment as a matter of law. Pursuant to well settled law Plaintiff's facts alone are enough for the court to award compensatory damages for pain and suffering. See: Chalmers v. City of Los Angeles, 762 F.2d 753, 761 (9th Cir. 1985), coupled to U.S.C.A. Const. Amend(s) 1, 5, 7, 8, 9 and 14.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received. Physical pain, and suffering, fear for my life; mental pain, anguish; duress; distress, fear for my safety & health, loss of enjoyment of life; infliction of emotional and severe mental distress; insomnia; violations of my unalienable rights, civil and constitutional rights (both state & federal), human rights. I now have an ongoing fear of all C.C.S. medical personnel, Westchester Medical Center personnel, C.O.'s, whom have conspired to hurt and to damage my health, make my life unsafe.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Compensatory damages of Five Million Dollars (\$5,000,000.00) (U.S.D); Special Damages in Amount determined by proof at trial by jury; General Damages in Amount determined by proof at trial by jury; For Punitive Damages as allowed by claim or jury of Twenty Million Dollars (\$20,000,000.00) (U.S.D); For restitution as allowed by law; For attorney fees and cost of action, including under "private attorney general doctrine"; for all court costs including bonds, CRIS securitization, U.S.M. costs; for Qui Tam action fees to pay on national debt pursuant to 31 U.S.C. § 3113, and any taxes owed on funds paid here from per 26 U.S.C. § 165 et seq.; thank you.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

July 25, 2018

Dated


Plaintiff's Signature [28 U.S.C. § 1746 (1)]

Matthew

First Name

Meisel

Last Name

90 P.O. Box 10/10 Woods Road

Prison Address

Valhalla

County, City

New York

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: June 1, 2018

Meisel [22190]

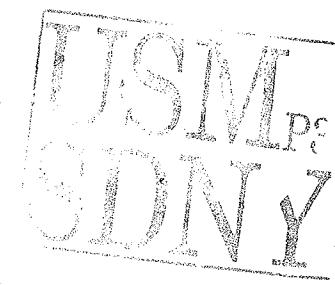
Box 10

New York [10595]



PROSE

Clerk, United States District Court
Southern District of New York
United States Courthouse
500 Pearl Street
New York, New York 10007



10007-1930099